2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91182 042 ***158.75

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DOCUMENT # P02000005460

1. Entity Name
H2OCEAN,INC.

Principal Place of Business	Mailing Address
1921 SW 15TH STREET SUITE 32 DEERFIELD BEACH FL 33442	1921 SW 15TH STREET SUITE 32 DEERFIELD BEACH FL 33442

2. Principal Place of Business		3. Mailing Address	
1301 W. NEWPORT CENTER DR.		6151 SHADOW TREE LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #	
City & State: DEERFIELD BCH. FL.		City & State: LAKE WORTH, FL.	
Zip: 33442	Country: USA.	Zip: 33463	Country: USA.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0605608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOLOS, EDWARD 1921 SW 15TH STREET SUITE 32 DEERFIELD BEACH FL 33442	Name: KOLOS, EDWARD Street Address (P.O. Box Number is Not Acceptable): 6151 SHADOW TREE LANE City: LAKE WORTH FL Zip Code: 33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 1/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VICE PRESIDENT NAME: TOMMY KOLOS STREET ADDRESS: 6151 SHADOW TREE LANE CITY-ST-ZIP: LAKE WORTH, FL. 33463	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: S/T NAME: GERI ANN KOLOS STREET ADDRESS: 6151 SHADOW TREE LANE CITY-ST-ZIP: LAKE WORTH, FL. 33463	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] PRES. 1/12/03 954 818-0748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)